

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107524180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	5					
4	5					
5	5					
6	5					
7	5					
8	5					
9	5					
10	5					
11	5					
12	5					
13	5					
14	5					
15	1					
16	1					
17	2					
18	5					
19	5					
20	5					
21						
22	5					
23	5					
24	5					
25	5					
26	1					
27	1					
28	1					
29	2					
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50						
TOTAL IND.	3					
TOTAL DEP.	30					
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						